

Case Number:	CM15-0113501		
Date Assigned:	06/19/2015	Date of Injury:	07/13/2011
Decision Date:	07/20/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/12/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49 year old female, who sustained an industrial injury on 7/13/11. She reported pain in her neck, upper back, right shoulder and left ankle. She subsequently developed depression and anxiety as a result of the pain. The injured worker was diagnosed as having depression, anxiety, anterior decompression and fusion at C5-C6 and C6-C7, right carpal tunnel release and low back pain. Treatment to date has included a cervical epidural injection, psychiatric treatments, an EMG study of the upper and lower extremities on 8/8/13, physical therapy and a lumbar epidural injection on 3/27/13. She has been using Lexapro since 2013 with good response. As of the AME dated 6/1/15, the injured worker reports 6-7/10 pain in her neck and decreased anxiety and depression with current medications. Objective findings included a Beck Depression Inventory Test score of 37 and the Epworth Sleepiness Score was 4/24. The treating physician requested Ativan 1mg #60 x 1 refill, Ambien 10mg #30 x 1 refill and Lexapro 20mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ativan 1mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ativan 1 mg #60 with one refill is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnosis is low back pain rule out radiculitis. There is no documentation in the medical record from the requesting psychiatrist. The psychiatrist requested Ativan 1 mg #60 Ambien 10 mg #30 and Lexapro 20 mg #90. The medical record contained 69 pages. There are no clinical progress notes with history, physical examination assessment or treatment plans. There is no clinical indication and rationale from the treating psychiatrist in the medical record. In the utilization review, the peer review provider references in April 3, 2015 progress note from the treating psychiatrist, however there are no clinical facts from the documentation in the utilization review. The utilization review references May 5, 2015 progress note from the primary treating provider (orthopedist). Subjectively, there is neck pain, right hand pain, left buttock and leg pain. The injured worker states back, left bottom unlike pain were worsening. Objectively, there was spasm in the back and normal motor function. There were no psychiatric clinical findings in the medical record. The documentation does not contain a start date for Ativan 1 mg. Ativan is not indicated for long-term use (longer than two weeks). Consequently, absent clinical documentation from the requesting treating psychiatrist with a firm start date and the clinical indication and rationale for Ativan, Ativan 1 mg #60 with one refill is not medically necessary.

Ambien 10mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 4/30/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Ambien.

Decision rationale: Pursuant to Official Disability Guidelines, Ambien 10 mg #30 with one refill is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7-10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for will use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, the injured worker's working diagnosis is low back pain rule out radiculitis. There is no documentation in the medical record from the requesting

psychiatrist. The psychiatrist requested Ativan 1 mg #60 Ambien 10 mg #30 and Lexapro 20 mg #90. The medical record contained 69 pages. There are no clinical progress notes with history, physical examination assessment or treatment plans. There is no clinical indication and rationale from the treating psychiatrist in the medical record. In the utilization review, the peer review provider references in April 3, 2015 progress note from the treating psychiatrist, however there are no clinical facts from the documentation in the utilization review. The utilization review references May 5, 2015 progress note from the primary treating provider (orthopedist). Subjectively, there is neck pain, right hand pain, left buttock and leg pain. The injured worker states back, left bottom unlike pain were worsening. Objectively, there was spasm in the back and normal motor function. There were no psychiatric clinical findings in the medical record. The documentation does not contain a start date for Ambien 10mg. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7 - 10 days) treatment of insomnia. Consequently, absent clinical documentation from the requesting treating psychiatrist with a firm start date and a clinical indication and rationale for Ambien, Ambien 10 mg #30 with one refill is not medically necessary.

Lexapro 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 16, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Antidepressants.

Decision rationale: Pursuant to the Official Disability Guidelines, Lexapro 20 mg #90 is not medically necessary. Lexapro was recommended as first-line treatment option for major depressive disorder and PTSD. Lexapro is a selective serotonin reuptake inhibitor. SSRIs, it has been suggested, address psychological symptoms associated with chronic pain. In this case, the injured worker's working diagnosis is low back pain rule out radiculitis. There is no documentation in the medical record from the requesting psychiatrist. The psychiatrist requested Ativan 1 mg #60 Ambien 10 mg #30 and Lexapro 20 mg #90. The medical record contained 69 pages. There are no clinical progress notes with history, physical examination assessment or treatment plans. There is no clinical indication and rationale from the treating psychiatrist in the medical record. In the utilization review, the peer review provider references in April 3, 2015 progress note from the treating psychiatrist, however there are no clinical facts from the documentation in the utilization review. The utilization review references May 5, 2015 progress note from the primary treating provider (orthopedist). Subjectively, there is neck pain, right hand pain, left buttock and leg pain. The injured worker states back, left bottom unlike pain were worsening. Objectively, there was spasm in the back and normal motor function. There were no psychiatric clinical findings in the medical record. The documentation does not contain a start date for Lexapro. Documentation from an agreed upon medical examination (AME) dated June 1, 2015 states the Lexapro is not effective (according to the injured worker). As noted above, however, there is no documentation from the treating/prescribing psychiatrist. Consequently, absent clinical documentation from the requesting treating psychiatrist with a firm start date, a clinical indication and rationale and documentation indicating Lexapro is ineffective, Lexapro 20 mg #90 is not medically necessary.